

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	✓							
2		✓						
3		✓						
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47		✓						
48		✓						
49		✓						
50		✓						
TOTAL IND.	11							
TOTAL DEP.	44							
TOTAL CLAIMS	55							
51	✓	✓						
52	✓	✓						
53	✓	✓						
54	✓	✓						
55	✓	✓						
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100								
TOTAL IND.								
TOTAL DEP.	5							
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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